Contract No. 1328-12522 Vendor Name: ERIN B. WAXENBAUM

AMENDMENT NO. 2

This Amendment modifies Contract No. 1328-12522, for Anthropology Consulting Services by and between the County of Cook, Illinois, herein referred to as "County" and Erin B. Waxenbaum, authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the Chief Procurement Officer on July 25, 2013, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Anthropology Consulting Services (hereinafter referred to as the "Services") from August 1, 2013 through July 31, 2015, with two, one-year renewal options, in an amount not to exceed \$40,000.00; and

Whereas, Amendment No. 1 was authorized by the Chief Procurement Officer on June 5, 2015 to renew the Contract for one year beginning on August 1, 2015 through July 31, 2016, and to increase the Contract in the amount of \$20,000.00; and

Whereas, the Contract will expire July 31, 2016, and the agreed upon Services are still required; and

Whereas, a renewal is desired for the continuation of Services; and

Whereas, the County and Contractor desire to renew the Contract for one year beginning on August 1, 2016 through July 31, 2017.

Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

- 1. The Contract is renewed through July 31, 2017.
- 2. The attached Identification of Subcontractor/Supplier/Subconsultant, Economic Disclosures Statement, and MBE/WBE Utilization Plan forms are incorporated and made a part of this Contract.
- 3. All other terms and conditions remain as stated in the Contract.

In witness whereof, the County and Contractor have caused this Amendment No. 2 to be executed on the date and year last written below.

County of Cook, Illinois	Erin B. Waxenbaum
By: Chief Procurement Officer	Signed
Chief Procurement Officer	
By:N/\Lambda	Enn Waxenbaum
State's Attorney (if applicable)	Type or print name
Date: 25 May 2016	Forensic Anthropologist Title Date: 4/13/16

Contract No. 1328-12522 Vendor Name: ERIN B. WAXENBAUM

ATTACHMENT

Cook County Office of the Chief Procurement Officer Identification of Subcontractor/Supplier/Subconsultant Form

	OCPO ONLY:
\mathcal{L}	Disqualification
\circ	Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract. In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 1328-13522	Date: 4/1/16
Total Bid or Proposal Amount: 20,000	Contract Title: Forensic Anthropology Consultant
Contractor: Erin B. Waxenbourn	Subcontractor/Supplier/ Subconsultant to be A A A A A A A A A A A A A A A A A A
Authorized Contact Enn B. Waxenbaum	Authorized Contact for Subcontractor/Supplier/ N/A Subconsultant:
Email Address (Contractor): e-waxenbaum@northwestern.cdu	Email Address (Subcontractor): NIA
Company Address 2510 LEXINGTON Ln (Contractor):	Company Address (Subcontractor): N A
City, State and Zip (Contractor): Highlind Park, IL 60035	City, State and Zip (Subcontractor):
Telephone and Fax (Contractor) 352-219-2417	Telephone and Fax (Subcontractor)
Estimated Start and Completion Dates 6/1/16-7/31/17 (Contractor)	Estimated Start and Completion Dates (Subcontractor)

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	Total Price of Subcontract for Services or Supplies
NH	

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.

Contractor	Erin B. Waxenbrum			
Nama	Forensic Anthropology	Consultant		
Title	' "		4/1/16	
Prime Contr	actor Signature		Date	



TONI PRECKWINKLE

PRESIDENT

Cook County Board of Commissioners

RICHARD R. BOYKIN 1st District

> ROBERT STEELE 2nd District

JERRY BUTLER 3rd District

STANLEY MOORE 4th District

DEBORAH SIMS 5th District

JOAN PATRICIA MURPHY 6th District

> JESUS G. GARCIA 7th District

> LUIS ARROYO, JR 8th District

PETER N. SILVESTRI 9th District

BRIDGET GAINER 10th District

JOHN P. DALEY 11th District

JOHN A. FRITCHEY 12th District

LARRY SUFFREDIN 13th District

GREGG GOSLIN 14th District

TIMOTHY O. SCHNEIDER 15th District

JEFFREY R. TOBOLSKI 16th District

> SEAN M. MORRISON 17th District

OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ

Amendments for Time Only

DIRECTOR

118 N. Clark, County Building, Room 1020 ● Chicago, Illinois 60602 ● (312) 603-5502

April 20, 2016

Ms. Shannon E. Andrews Chief Procurement Officer 118 N. Clark Street County Building-Room 1018 Chicago, IL 60602

Contract No.: 1328-12522 (Amendment No. 2) Re: **Anthropology Consulting Services** Medical Examiner's Office

Dear Ms. Andrews:

The Office of Contract Compliance is in receipt of the above-referenced contract amendment and has reviewed this contract for compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance. After careful review of our records as reported by the vendor, it has been determined the vendor is in compliance with the MBE/WBE Ordinance.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/smp

Aaron Moser, OCPO Cc:

Nadine Jakubowski, Medical Examiner's Office

PETITION FOR WAIVER OF MBE/WBE PARTICIPATION - FORM 3

A. BIDDE	RIPROPUSER HEREBY REQUESTS:		
	FULL MBE WAIVER	∑ F	FULL WBE WAIVER
	REDUCTION (PARTIAL MBE and/or WBE PARTIC	IPATIO	ON)
	% of Reduction for MBE Participation% of Reduction for WBE Participation		
B. REASO	ON FOR FULL/REDUCTION WAIVER REQUEST		
	oposer shall check each item applicable to its reason tation shall be submitted with this request.	for a	waiver request. Additionally, supporting
(1	(1) Lack of sufficient qualified MBEs and/or WBEs capable by the contract. (Please explain)	of prov	viding the goods or services required
(2	(2) The specifications and necessary requirements for perfeccionomically infeasible to divide the contract to enable accordance with the applicable participation. (Please et al., 2015)	the cor	ntractor to utilize MBEs and/or WBEs in
(3	(3) Price(s) quoted by potential MBEs and/or WBEs are at doing business and would make acceptance of such M taking into consideration the percentage of total contra bid. (Please explain)	BE and	or WBE bid economically impracticable
(4	4) There are other relevant factors making it impossible or WBE firms. (Please explain)	econor	mically infeasible to utilize MBE and/or
C. <u>GOOD I</u>	FAITH EFFORTS TO OBTAIN MBE/WBE PARTICIPATI	<u>ON</u>	
(1	 Made timely written solicitation to identified MBEs and and provided MBEs and WBEs with a timely opportun terms and conditions of the proposal to enable MBEs solicitation. (Attach of copy written solicitations ma 	ity to re and WE	view and obtain relevant specifications,
[] (2	2) Used the services and assistance of the Office of Con	tract Co	ompliance staff. (Please explain)
(3	 Timely notified and used the services and assistance organizations. (Attach of copy written solicitations) 		nunity, minority and women business
(4	 Followed up on initial solicitation of MBEs and WBEs to business. (Attach supporting documentation) 	deterr	nine if firms are interested in doing
(5	5) Engaged MBEs & WBEs for direct/indirect participation	. (Plea	se explain)

D. OTHER RELEVANT INFORMATION

Attach any other documentation relative to Good Faith Efforts in complying with MBE/WBE participation.

Revised: 01/29/14

MBE/WBE Petition for Waiver of MBE/WBE - Letter of explanation

April 1, 2016

To Whom It May Concern:

I am seeking a waiver for the MBE/WBE compliance. As a sole proprietor/individual who is not doing business as a corporation or as a limited liability company, and who will not be subcontracting any portion of the proposed work, I am not qualified to seek certification as a MBE/WBE. Additionally, during the contract period, no additional resources (i.e. indirect services) are needed for me to execute/perform the services outlined in my contract outside of the materials I already possess and my personal/educational accreditation and experience.

Please feel free to contact me if there are any additional questions or concerns.

Erin B. Waxenbaum

Forensic Anthropology Consultant

COOK COUNTY ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT INDEX

Section	Description	Pages
1	Instructions for Completion of EDS	EDS i - ii
2	Certifications	EDS 1-2
3	Economic and Other Disclosures, Affidavit of Child Support Obligations, Disclosure of Ownership Interest and Familial Relationship Disclosure Form	EDS 3 – 12
4	Cook County Affidavit for Wage Theft Ordinance	EDS 13-14
5	Contract and EDS Execution Page	EDS 15-17
6	Cook County Signature Page	EDS 18

SECTION 1 INSTRUCTIONS FOR COMPLETION OF ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

This Economic Disclosure Statement and Execution Document ("EDS") is to be completed and executed by every Bidder on a County contract, every Proposer responding to a Request for Proposals, and every Respondent responding to a Request for Qualifications, and others as required by the Chief Procurement Officer. The execution of the EDS shall serve as the execution of a contract awarded by the County. The Chief Procurement Officer reserves the right to request that the Bidder or Proposer, or Respondent provide an updated EDS on an annual basis.

Definitions. Terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the Instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, as applicable.

Affiliate means a person that directly or indirectly through one or more intermediaries, Controls is Controlled by, or is under common Control with the Person specified.

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

Code means the Code of Ordinances, Cook County, Illinois available on municode.com.

Contract shall include any written document to make Procurements by or on behalf of Cook County.

Contractor or Contracting Party means a person that enters into a Contract with the County.

Control means the unfettered authority to directly or indirectly manage governance, administration, work, and all other aspects of a business.

EDS means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

Joint Venture means an association of two or more Persons proposing to perform a forprofit business enterprise. Joint Ventures must have an agreement in writing specifying the terms and conditions of the relationship between the partners and their relationship and respective responsibility for the Contract

Lobby or lobbying means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

Lobbyist means any person who lobbies.

Person or Persons means any individual, corporation, partnership, Joint Venture, trust, association, Limited Liability Company, sole proprietorship or other legal entity.

Prohibited Acts means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Certifications hereinafter set forth.

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

RFP means a Request for Proposals issued pursuant to this Procurement Code.

RFQ means a Request for Qualifications issued to obtain the qualifications of interested parties.

INSTRUCTIONS FOR COMPLETION OF ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

Section 1: Instructions. Section 1 sets forth the instructions for completing and executing this EDS.

Section 2: Certifications. Section 2 sets forth certifications that are required for contracting parties under the Code and other applicable laws. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

Section 3: Economic and Other Disclosures Statement. Section 3 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Applicant to the warranties, representations, agreements and acknowledgements contained therein.

Required Updates. The Applicant is required to keep all information provided in this EDS current and accurate. In the event of any change in the information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Applicant shall supplement this EDS up to the time the County takes action, by filing an amended EDS or such other documentation as is required.

Additional Information. The County's Governmental Ethics and Campaign Financing Ordinances impose certain duties and obligations on persons or entities seeking County contracts, work, business, or transactions, and the Applicant is expected to comply fully with these ordinances. For further information please contact the Director of Ethics at (312) 603-4304 (69 W. Washington St. Suite 3040, Chicago, IL 60602) or visit the web-site at cookcountyil.gov/ethics-board-of.

Authorized Signers of Contract and EDS Execution Page. If the Applicant is a corporation, the President and Secretary must execute the EDS. In the event that this EDS is executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization by the Corporation, satisfactory to the County that permits the person to execute EDS for said corporation. If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute the EDS, unless one partner or joint venture has been authorized to sign for the partnership or joint venture, in which case, the partnership agreement, resolution or evidence of such authority satisfactory to the Office of the Chief Procurement Officer must be submitted with this Signature Page.

If the Applicant is a member-managed LLC all members must execute the EDS, unless otherwise provided in the operating agreement, resolution or other corporate documents. If the Applicant is a manager-managed LLC, the manager(s) must execute the EDS. The Applicant must attach either a certified copy of the operating agreement, resolution or other authorization, satisfactory to the County, demonstrating such person has the authority to execute the EDS on behalf of the LLC. If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute the EDS.

A "Partnership" "Joint Venture" or "Sole Proprietorship" operating under an Assumed Name must be registered with the Illinois county in which it is located, as provided in 805 ILCS 405 (2012), and documentation evidencing registration must be submitted with the EDS.

SECTION 2

CERTIFICATIONS

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE APPLICANT IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE APPLICANT THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE APPLICANT IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE APPLICANT SHALL BE SUBJECT TO TERMINATION.

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or business entity:

- Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;
- 2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 *et seq.*;
- Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;
- 4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15 U.S.C. Section 1, et seq.;
- 5) Has been convicted of price-fixing or attempting to fix prices under the laws the State;
- 6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois:
- 7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or
- 8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in sub-paragraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20% or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant has read the provisions of Section A, Persons and Entities Subject to Disqualification, that the Applicant has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Applicant would not violate the provisions of such Section or of the Code.

B. BID-RIGGING OR BID ROTATING

THE APPLICANT HEREBY CERTIFIES THAT: In accordance with 720 ILCS 5/33 E-11, neither the Applicant nor any Affiliated Entity is barred from award of this Contract as a result of a conviction for the violation of State laws prohibiting bidrigging or bid rotating.

C. DRUG FREE WORKPLACE ACT

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant will provide a drug free workplace, as required by (30 ILCS 580/3).

D. DELINQUENCY IN PAYMENT OF TAXES

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, by a local municipality, or by the Illinois Department of Revenue, which such tax or fee is delinquent, such as bar award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-171.

E. HUMAN RIGHTS ORDINANCE

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 et seq.).

F. ILLINOIS HUMAN RIGHTS ACT

THE APPLICANT HEREBY CERTIFIES THAT: It is in compliance with the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.

G. INSPECTOR GENERAL (COOK COUNTY CODE, CHAPTER 34, SECTION 34-174 and Section 34-250)

The Applicant has not willfully failed to cooperate in an investigation by the Cook County Independent Inspector General or to report to the Independent Inspector General any and all information concerning conduct which they know to involve corruption, or other criminal activity, by another county employee or official, which concerns his or her office of employment or County related transaction.

The Applicant has reported directly and without any undue delay any suspected or known fraudulent activity in the County's Procurement process to the Office of the Cook County Inspector General.

H. CAMPAIGN CONTRIBUTIONS (COOK COUNTY CODE, CHAPTER 2, SECTION 2-585)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning campaign contributions, which is codified at Chapter 2, Division 2, Subdivision II, Section 585, and can be read in its entirety at www.municode.com.

I. GIFT BAN, (COOK COUNTY CODE, CHAPTER 2, SECTION 2-574)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning receiving and soliciting gifts and favors, which is codified at Chapter 2, Division 2, Subdivision II, Section 574, and can be read in its entirety at www.municode.com.

J. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-160;

Unless expressly waived by the Cook County Board of Commissioners, the Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is annually by the Chief Financial Officer of the County, and shall be posted on the Chief Procurement Officer's website.

The term "Contract" as used in Section 4, I, of this EDS, specifically excludes contracts with the following:

- Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for -profit law);
- 2) Community Development Block Grants;
- Cook County Works Department;
- 4) Sheriff's Work Alternative Program; and
- Department of Correction inmates.

SECTION 3

REQUIRED DISCLOSURES

1.	DISC	LOSURE OF LOBBYIST CONTACTS
List all	persons	that have made lobbying contacts on your behalf with respect to this contract:
Name N/A		Address
2.	LOCA	AL BUSINESS PREFERENCE STATEMENT (CODE, CHAPTER 34, SECTION 34-230)
establis which or or more	shment l employs e Persor	means a Person, including a foreign corporation authorized to transact business in Illinois, having a bona fide located within the County at which it is transacting business on the date when a Bid is submitted to the County, and the majority of its regular, full-time work force within the County. A Joint Venture shall constitute a Local Business if one as that qualify as a "Local Business" hold interests totaling over 50 percent in the Joint Venture, even if the Joint Venture at time of the Bid submittal, have such a bona fide establishment within the County.
	a)	Is Applicant a "Local Business" as defined above?
		Yes: No:X
	b)	If yes, list business addresses within Cook County:
	c)	Does Applicant employ the majority of its regular full-time workforce within Cook County?
		Yes:No:X
3.	THE C	CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)
renew	a Count	t for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive o y Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and ma unty Privilege.

All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-5) and complete the Affidavit, based on the instructions in the Affidavit.

	a)	The following is a complete list of a	ll real estate owned by the A	pplicant in Cook Co	unty:
		PERMANENT INDEX NUMBER(S)) :		· .
•			(ATTACH SHEET IF NEC NUMBERS)	ESSARY TO LIST	ADDITIONAL INDEX
OR:					·
	b)	The Applicant owns no rea	al estate in Cook County.		
5.	EXCEF	TIONS TO CERTIFICATIONS OR D	ISCLOSURES.		
		s unable to certify to any of the Certific plicant must explain below:	cations or any other stateme	ents contained in this	EDS and not explained elsewhe
NIF					
			,		

REAL ESTATE OWNERSHIP DISCLOSURES.

Applicant certified to all Certifications and other statements contained in this EDS.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 et seq.) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

- 1. An Applicant for County Action and
- 2. A Person that holds stock or a beneficial interest in the Applicant <u>and</u> is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This S	tatement is being	made I	oy the [X] App	licant or	. [] Stock/Ben	eficial Interest Holder	
This S	tatement is an:		[] Orig	inal State	ment or [] Amended S	Statement	
Identif	ying Information:							
Name	Erin B. Was	(enbau	um					
D/B/A:					FEI	IN NO.: 3	0 24 105643024	
	Address: <u>2810 L</u>	exi Mr	ton in					
	hobbaid Park			State:	<u>[</u> L		Zip Code: <u>6 0035</u>	
	No.: 352 219		Fax N	lumber: _				me northwatern.ed
	County Business R Proprietor, Joint Ve			Α				
Corpor	ate File Number (if	applica	ble): <u>v I A</u>					<u> </u>
Form o	of Legal Entity:							
[X]	Sole Proprietor	[]	Partnership	[]	Corporation	[]	Trustee of Land Trust	
[]	Business Trust	[]	Estate	Ĺ	Association	[]	Joint Venture	
r 1	Other (describe)							

	hip Interest Declaration:				
1.	List the name(s), address, a more than five percent (5%			al or beneficial interest (inclu	ding ownership
Vame	·	Address		Percentage Interest in	
NIA				Applicant/Holder	
<u></u>					
<u>.</u>					 .
2.	If the interest of any Persor address of the principal on			r a nominee or nominees, lis	t the name and
Name of	Agent/Nominee	Name of Princi	pal	Principal's Address	· · · · · · · · · · · · · · · · · · ·
		<u> </u>	<u> </u>		
 3.	Is the Applicant constructive	ely controlled by anothe	r person or Legal Entity?	[]Yes [] No
	If yes, state the name, addr control is being or may be e		peneficial interest of such pe	erson, and the relationship u	nder which such
Name	Address		Percentage of Beneficial Interest	Relationship	
NIA	· · · · · · · · · · · · · · · · · · ·		:		
				··································	
Corpora	ite Officers, Members and	Partners Information:			
For all co addresse	orporations, list the names, are for all members. For all p	addresses, and terms fo partnerships and joint ve	or all corporate officers. For an annual corporate officers, list the names, addr	all limited liability companies esses, for each partner or jo	, list the names, int venture.
Name	Address		Title (specify title of Office, or whether mana or partner/joint venture)		•
MIA					
					<u> </u>
				<u> </u>	
Declara	ition (check the applicable	; • box):			
	· / « «hbaga)				

I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to

[]

Agency action.

be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE ECO B. Ulaytenbrum Name of Authorized Applicant/Holder Representative (please print or type) Signature C-WAXONbrum @ northwestern.edv E-mail address Subscribed to and sworn before me this __151_ day of white 20_10 X Mada Wallow Madayaac Title 41 110 Date 352-219-2417 Phone Number My commission expires:

OFFICIAL SEAL
MARIA-SOCORRO MADAYAG
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/16/17

Notary Seal



COOK COUNTY BOARD OF ETHICS

69 W. WASHINGTON STREET, SUITE 3040 CHICAGO, ILLINOIS 60602 312/603-4304 Office 312/603-9988 Fax

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than \$25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of \$100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers,
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

Additional Definitions:

	e de la companya de	•	
		rtner or civil union partner of a County employ ployee or official, whether by blood, marriage or	
a:			
☐ Parent	☐ Grandparent	☐ Stepfather	÷
Child	☐ Grandchild	☐ Stepmother	
☐ Brother	☐ Fatherin-law	☐ Stepson	
☐ Sister	☐ Motherin-law	☐ Stepdaughter	
Aunt Aunt	☐ Son in-law	☐ Stepbrother	
Uncle Uncle	☐ Daughterin-law	☐ Stepsister	
☐ Niece	☐ Brother in-law	Halfbrother	
Nephew	☐Sister-in-law	□Half-sister	

EDS-9 8/2015

COOK COUNTY BOARD OF ETHICS FAMILIAL RELATIONSHIP DISCLOSURE FORM

A.	PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY
	Name of Person Doing Business with the County: Erin B. Waxen bown
	Address of Person Doing Business with the County: 2810 Lexington La Highland Park, 16 6035
	Phone number of Person Doing Business with the County: 362 - 219 - 2417
	Email address of Person Doing Business with the County: E-Waxenburn @ northwesturn. Edu
	If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:
	NIA
В.	DESCRIPTION OF BUSINESS WITH THE COUNTY Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:
	The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County:
	contratt no. 1328-12522
	The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 20,000
	The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: Agron Moser, Procurement Analyst, Office of the
	Ones Procurement Office, HEN Clark St. R 1018, Chicago, IL 60402 Ph: 312-603-2375
	The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: National Jakubouski, Deputy Executive Office County
	Medical examiner, 2121 W Harrison St., Onicago, 1- 60612 Ph: 312-997-4481
c.	<u>DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS</u>
	Check the box that applies and provide related information where needed
	The Person Doing Business with the County is an individual and there is no familial relationship between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.
בֿ	The Person Doing Business with the County is a business entity and there is no familial relationship between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

COOK COUNTY BOARD OF ETHICS FAMILIAL RELATIONSHIP DISCLOSURE FORM

Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
NIA			
If more space is needed, attac	ch an additional sheet followir	ng the above format.	
the other. The fami	lial relationships are as follo	ows:	any municipality within Cook
Name of Member of Board of Director for Business Entity Doing Business with	lial relationships are as follows: Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
Name of Member of Board of Director for Business	lial relationships are as follo Name of Related County Employee or State, County or	Title and Position of Related County Employee or State, County	Nature of Familial
Name of Member of Board of Director for Business Entity Doing Business with	lial relationships are as follo Name of Related County Employee or State, County or	Title and Position of Related County Employee or State, County	Nature of Familial
Name of Member of Board of Director for Business Entity Doing Business with	lial relationships are as follo Name of Related County Employee or State, County or	Title and Position of Related County Employee or State, County	Nature of Familial
Name of Member of Board of Director for Business Entity Doing Business with the County	lial relationships are as folloname of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
Name of Member of Board of Director for Business Entity Doing Business with	lial relationships are as follo Name of Related County Employee or State, County or	Title and Position of Related County Employee or State, County	Nature of Familial
Name of Member of Board of Director for Business Entity Doing Business with the County NA Name of Officer for Business Entity Doing Business with	Name of Related County Employee or State, County or Municipal Elected Official Name of Related County Employee or State, County or	Title and Position of Related County Employee or State, County or Municipal Elected Official Title and Position of Related County Employee or State, County	Nature of Familial Relationship* Nature of Familial

Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County Name of Employee or State, County or Municipal Elected Official Name of Employee of Business with the County Name of Employee of Business Entity Directly Employee or State, County or Municipal Elected Official Name of Employee of Business Entity Directly Employee or State, County or Municipal Elected Official Name of Employee of Business Entity Directly Employee or State, County or Municipal Elected Official Name of Employee of Business Entity Directly Employee or State, County or Municipal Elected Official Nature of Familial Relationship Related County Employee or State, County or Municipal Elected Official WERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.	Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*	
Title and Position of Related County Name of Employee of Business Entity Directly Engaged in Doing Business with the County If more space is needed, attach an additional sheet following the above format. Employee or State, County or Municipal Elected Official Nature of Familial Relationship Title and Position of Related County Employee or State, County or Municipal Elected Official Nature of Familial Relationship or Municipal Elected Official Nature of Familial Relationship Title and Position of Related County Employee or State, County or Municipal Elected Official Nature of Familial Relationship or Municipal Elected Official VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete.	•			· ·	· · ·
Title and Position of Related County Name of Employee of Business Entity Directly Engaged in Doing Business with the County If more space is needed, attach an additional sheet following the above format. Employee or State, County or Municipal Elected Official Nature of Familial Relationship Title and Position of Related County Employee or State, County or Municipal Elected Official Nature of Familial Relationship or Municipal Elected Official Nature of Familial Relationship Title and Position of Related County Employee or State, County or Municipal Elected Official Nature of Familial Relationship or Municipal Elected Official VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete.		 		·	-
Name of Employee of Business Entity Directly Employee or State, County or Engaged in Doing Business with the County If more space is needed, attach an additional sheet following the above format. Title and Position of Related County Employee or State, County Employee or State, County or Municipal Elected Official Or Municipal Elected Official If more space is needed, attach an additional sheet following the above format. VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete.	to Execute Documents for Business Entity Doing	Employee or State, County or	County Employee or State, County		<u>.</u>
Business Entity Directly Engaged in Doing Business with the County If more space is needed, attach an additional sheet following the above format. Employee or State, County Employee or State, County Relationship* or Municipal Elected Official If more space is needed, attach an additional sheet following the above format. VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete.	NIA				-
Business Entity Directly Engaged in Doing Business with the County If more space is needed, attach an additional sheet following the above format. Employee or State, County Employee or State, County Relationship* or Municipal Elected Official If more space is needed, attach an additional sheet following the above format. VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete.					- · · · · · · · · · · · · · · · · · · ·
VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete.	Business Entity Directly Engaged in Doing Business	Employee or State, County or	County Employee or State, County		
VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete.	NIA				-
VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete.		· · · · · · · · · · · · · · · · · · ·			_
		If more space is needed, attach	an additional sheet following the	above format.	_
4/1/10					
1/1 	Reserved that an maccul	rate of meomplete disclosure is	4/1/16	not minied to miles at	ia acoarment.
Signature of Recipient Date	Signature of Recipient		Date	-	

SUBMIT COMPLETED FORM TO:

Cook County Board of Ethics

69 West Washington Street, Suite 3040, Chicago, Illinois 60602

Office (312) 603-4304 - Fax (312) 603-9988 CookCounty.Ethics@cookcountyil.gov

^{*} Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (i.e. in laws and step relations) or adoption.

SECTION 4

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, *including Substantial Owners*, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"Contract" means any written document to make Procurements by or on behalf of Cook County.

"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information.

Contract Information: 1. 1328-12522 Contract Number: Cook Co Medical Examiner County Using Agency (requesting Procurement): Person/Substantial Owner Information: II. Person (Corporate Entity Name): MA Substantial Owner Complete Name: Date of Birth: E-mail address: Street Address: _____ Zip:____ State: City: Home Phone: Driver's License No: Compliance with Wage Laws: 111. Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws: Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq., YES or NO Illinois Minimum Wage Act, 820 ILCS 105/1 et seq., YES or NO Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq., YES or NO Employee Classification Act, 820 ILCS 185/1 et seq., YES or NO YES or NO Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq.,

If the Person/Substantial Owner answered "Yes" to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under Section IV.

Any comparable state statute or regulation of any state, which governs the payment of wages

YES or NO

IV. Request for Waiver or Reduction

If Person/Substantial Owner answered "Yes" to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction of waiver is made on the basis of one or more of the following actions that have taken place:

There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner YES or NO

Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation YES or NO

Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default **YES or NO**

Other factors that the Person or Substantial Owner believe are relevant. **YES or NO**

The Person/Substantial Owner must submit documentation to support the basis of its request for a reduction or waiver. The Chief Procurement Officer reserves the right to make additional inquiries and request additional documentation.

V.	Affirmation The Person/Substantial Owner affirms that all statements	ents contain	ed in the Affidavit are	e true, accurate and complete.
	Signature:	anto correcti		Date: 4/1/16
	Name of Person signing (Print): Erin Waxent	baum	Title: Force	ns 1c Anthropology Consultal
	Subscribed and sworp to before me this	_day of	april	20/14
×// (M	Note Public Signature		Notary Seal	· · · · · · · · · · · · · · · · · · ·
Note: T	Notary Public Signature / Notary Public Sign		ard of the Contract.	·····

OFFICIAL SEAL
MARIA-SOCORRO MADAYAG
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/16/17

SECTION 5

CONTRACT AND EDS EXECUTION PAGE PLEASE EXECUTE THREE ORIGINAL PAGES OF EDS

The Applicant hereby certifies and warrants that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Applicant is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, complete and correct. The Applicant agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

	Execution by Corporation
Corporation's Name	President's Printed Name and Signature
Telephone	Email
Secretary Signature	Date
	Execution by LLC
LLC Name	*Member/Manager Printed Name and Signature
Date	Telephone and Email
Execu	ution by Partnership/Joint Venture
Partnership/Joint Venture Name	*Partner/Joint Venturer Printed Name and Signature
Date	Telephone and Email
//	recution by Sole Proprietorship
Printed Name Signature	Assumed Name (if applicable)
4/1/16	352 219 2417/e-waxenbrum@notthursten.ed
Date	Telephone and Email
Subscribed and sworn to before me this day of Whit, 20 /	10/11/
Maria trupero Madayag	My commission expires: OFFICIAL SEAL MARIA-SOCORRO MADAYAG NOTARY PUBLIC - STATE OF ICLINOIS
Notary Public Signature	Notary Seal MY COMMISSION EXPIRES:10/16/17

*If the operating agreement, partnership agreement or governing documents requiring execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Pages.